

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/25/2014	
NAME OF PROVIDER OR SUPPLIER MONROE PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S ADAMS RD BLOOMINGTON, IN 47403			
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 24 & 25, 2014</p> <p>Facility number: 004016 Provider number: 004016 AIM number: N/A</p> <p>Survey team: Melissa Gillis, RN-TC Cheryl Mabry, RN Diana McDonald, RN</p> <p>Census bed type: Residential: 45 Total: 45</p> <p>Census payor type: Other: 45 Total: 45</p> <p>Residential Sample: 5</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 01, 2014; by Kimberly Perigo, RN.</p>		R000000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of the facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Monroe Place respectfully requests a desk review</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food was discarded from 2 of 2 storage rooms, 4 of 4 refrigerators, and 2 of 3 freezers when the food product expiration date or used by date had passed; food preparation pans were stored dry; beads were covered while working in the kitchen; proper handwashing was completed upon entering the kitchen and hand handling of food products as indicated by the current facility policy and the food and handling standards 410IAC 7-24; and trash can lids worked properly. These deficient practices had the potential to effect 45 out of 45 residents served meals from the kitchen. (Refrigerator #1, #2, #3, and #4; Freezer #2 and #3) (Dietary Manager, Cook #1, Dietary Aide #1, Activity Director)</p> <p>Findings include:</p> <p>1. On 3/24/14 at 10:00 a.m., during observation of the food storage area with the DM (Dietary Manager) present observed a bag of almonds</p>	R000273	<p>It is the intent of this facility that all food and serving areas (excluding area's in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards including 410IAC 7-24. Corrective Actions to those residents found to have been affected by the deficient practice:No residents were affected by the alleged deficient practice How the facility will identify other residents having the potential to be affected by the alleged deficient practice:Because all residents had the potential to be affected by the alleged deficient practice a bag of almonds with open date of 12/5/13, high fact cocoa with no open date or expiration date, unidentifiable silver gab, crushed peanuts with no open date, open pancake mix without open date or expiration date and bag of croutons without open date or expiration date were removed and discarded by the Dietary Services Manager during the survey as indicated by the survey team.The 2 open bags of coconut flakes without open date or expiration date, the 4 unopened bags of coconut flakes</p>		04/14/2014		

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	<p>with an open date of 12/5/13, and no expiration date observed. A high fat cocoa with no open date and no expiration date observed. An unidentifiable silver bag which the DM indicated, "It's been here so long I don't know what it is. Crushed peanuts," with no observable open date and no expiration date on the bag. There was a pancake mix open and no open date nor expiration date was observe. A bag of croutons observed with no open date nor expiration date. When asked what was missing from the bags the DM indicated, "The open date and expiration date." The DM was observed to remove and throw these items away.</p> <p>On 3/25/14 at 9:40 a.m., observed in the dry storage area on the shelf, 2 open bags of coconut flakes with no open date with an expiration date of 05/12/13. There were 4 unopened bags of coconut flakes with an expiration date of 05/12/13. A cornbread mix opened, with no open date nor expiration date observed. In the storage room on the shelf observed an open box of baking soda, with no open date and with expiration date of 2/5/12; received date of 3/29/11. There were 6 unopened boxes of baking soda with</p>		<p>without expiration date, open cornbread mix without open date or expiration date, open box of baking soda with no open date and expiration date of 2/5/12, 6 unopened boxes of baking soda with expiration date of 2/5/12, three boxes of cornstarch with expiration date of 2/16/14, two storage bins with loose lids and broken/unpackaged crackers and tub of chocolate icing with expiration date of 4/22/14 were discarded. The 3 cartons of orange juice without expiration date, BBQ sauce without open date and salad dressing cartons without open date were discarded. The bag of diced chicken without open date, bag of green onions, broccoli and salad mix without open date or expiration date, bag of carrots with best if used by date of 3/22/14, bowls of salad and cottage cheese not fully covered, open bag of green peas without expiration date and bag of ready to eat dinner rolls without expiration date were discarded. The open pack of smoked sausage in freezer #2 wrapped in plastic wrap was discarded. The 2 bowls of prepared ice cream in freezer #3 and the bag of blueberries with no open date were discarded. The 11 cartons of thickened liquid in the extra storage pantry were discarded during the survey. Coffee without expiration date was discarded. In addition each refrigerator, freezer,</p>				

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	<p>the same expiration and received date. Observed 3 boxes of unopened corn starch with received date of 3/7/11, and an expiration date of 2/16/14. Two dirty storage bins with a loose lid and unpackaged broken cracker and cracker crumbs inside of the tray. A tub of chocolate icing with a cracked lid and dried, hard icing inside. No open date observed and an expiration date of 4/22/14.</p> <p>2.a. On 3/24/14 at 10:00 a.m., observed Refrigerator #1 to have 3 cartons of orange juice without an expiration date. The DM indicated, "There was no date on the box it came in."</p> <p>b. Refrigerator #2 was observed to have barbecue sauce with no open date and no expiration date on the container. There were several salad dressing cartons with no open date observed on the carton. On 3/25/14 at 9:40 a.m., observed Refrigerator #2 to have barbecue sauce with no open date and no expiration date on the container. There were several salad dressing cartons with no open date observed on the carton.</p> <p>c. Refrigerator #3 had a bag of diced chicken with no open date nor</p>		<p>panty and storage area was checked to ensure all foods were stored in appropriate containers, covered by airtight lid and labeled with the type of food and date including received date and opening date. Prepared foods to be frozen are wrapped in cellophane or placed in airtight container with label and date before freezing. Food stored in the refrigerator is in appropriate storage containers. Leftover food that cannot be frozen is discarded after three days in the refrigerator if not used. Items are dated upon delivery and upon opening with no dates to exceed the manufacturer's stamped use by date. On 3/24/14 the three wet pans observed in the cabinet were removed to the dish area and rewashed then allowed to dry before being stored. Cook #1 and all dietary staff wear hair restraints, such as hats, hair covering or nets including beard restraints. Dietary Aide #1, Activity Director and all staff observe proper handwashing techniques when entering the kitchen and before handling food items in the food preparation and handling area. Dietary Aide #1 and all staff involving with dishwashing have completed inservice on proper warewashing completed by 4/8/14 Metal trash can in the kitchen has been replaced with new can to ensure lid is functioning properly. Measures or systemic</p>				

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	<p>expiration date observed. When asked what was missing the DM indicated, "Three days on leftovers." A bag of green onions, broccoli, and salad mix all observed open without an open date nor expiration date. A bag of carrots was observed to have a best if used by date of 3/22/14. When asked how do you know when food has expired if there is no date on the container, the DM indicated, "I usually go by the expiration date. I plan my shopping so that I can use up food in a week. I only order a week at a time."</p> <p>d. Observation on 3/15/14 at 9:40 a.m., Refrigerator #4 had 16 bowls of salad and 2 bowls of cottage cheese dated 3/24/14. The bowls were observed not to be fully covered with the plastic wrap. Cook #1 indicated, "It was left over from yesterday. I am going to use today."</p> <p>3.a. On 3/24/14 at 10:00 a.m., observed Freezer #1 to have an open bag of green peas with no observed open date nor expiration date on bag A bag of ready to eat dinner rolls covered with ice inside of the bag with no expiration date was observed on the bag.</p> <p>b. Freezer #2 was observed to have</p>		<p>changes made to ensure that the alleged deficient practice does not recur: To enhance currently compliance operations and under the direction of the Executive Director on April 7 and 8 staff completed inservice training entitled Dietetics in Healthcare Communities to include infection control, standard precautions, handwashing, warewashing, HACCP (Hazard Analysis Critical Control Point), receiving and storage of food. How the facility will monitor performance: Effective April 9, a Quality Assurance Program was implemented under the direction of the Executive Director and Registered Dietician to monitor continuing compliance. Deficiencies will be corrected on the spot. The Executive Director or Designee will complete audits using the Sanitation Survey Form and Storage Checklist. Audits will be completed 2x per week for 30 days, weekly for 30 days and monthly thereafter. Findings of the QA audits will be documented and submitted at the monthly Quality Assurance Committee Meeting for further review and to ensure continuing compliance.</p>				

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	<p>an open pack of smoke sausage links wrapped with plastic wrap with frost and ice inside the pack. There was a pack of smoke sausage in the freezer with ice inside of the package and the sausage appeared to be freezer burned. When asked if this meat was any good the DM indicated, "Oh yel, I just put it in there."</p> <p>c. Observed Freezer #3 to have 2 bowls of prepared ice cream with no date on the plastic wrap. A bag of blueberries with no open date observed.</p> <p>4. On 3/24/14 at 10:00 a.m., observed in the small room that is used for an extra storage room there were 11 cartons of thick and easy [liquid food thickener] with an expiration date of 2/15/14, and soiled lids in a cabinet. When asked who does the thickener belong to, the DM indicated, "It was for [Name of Resident #L] who doesn't use it [the thickener] anymore. I moved it from the other room and put it in the cabinet and forgot to throw them out." There was a clear container on the counter with several bags of coffee without expiration dates on the bags. The DM indicated when asked if she still had the box that the coffee came in, "No."</p>						

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	<p>On 3/25/14 at 10:41 a.m., interview with the Executive Director indicated when asked if there was a policy and procedure for shelf life of food and expiration of food, "They have a book that tells them how long they can keep an open item for."</p> <p>On 3/24/14 at 12:20 p.m., the Executive Director provided "LEFTOVERS AND PREPARED FOOD Dining & Nutrition Services Policy," dated 01/01/2013, and indicated the policy is the one currently used by the facility. The policy indicated, "I. All prepared foods in an appropriate container, cover with an airtight lid or cellophane, and label the container with the type of food and the date. II. If prepared food is to be frozen, wrap the product in cellophane or place in an airtight container. Label and date before freezing. III. Foods stored in the refrigerator must be in appropriate storage containers. IV. Leftover foods that cannot be frozen must be discarded after THREE days from the refrigerator if not used. ..."</p> <p>On 3/24/14 at 12:20 p.m., the Executive Director provided "STORAGE OF PRODUCTS Dining & Nutrition Services Policy" dated</p>						

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	<p>01/01/2013, and indicated the policy was the one currently used by the facility. The policy indicated, "... III. Items should be dated before being stored and should be placed behind similar items already on the shelf to ensure that older items are used first."</p> <p>On 3/25/14 at 10:51 a.m., the Executive Director provided the "Food Storage Guide Answers the Questions ... How long can I store _____ before its quality deteriorates or it's no longer safe to eat" dated February 2012, and indicated the document was the one currently used by the facility. The document indicated, "... always read the package labels and buy the products with the most distant expiration dates. ...And remember the most basic of rules: When in doubt, throw it out... Many staples and canned foods have a relatively long shelf life ..., ... Staples ... Baking soda 2 years, ... Bread ,rolls 3 days, ... chocolate 12 months- 2 years keep cool, ... Cornstarch 18 months keep tightly covered, ... salad dressing bottle, opened 3 months, ...berries 8-12 months frozen, ...Broccoli 3 to 5 days in the refrigerator, ... Carrots 2 weeks in the refrigerator, ... Frozen vegetables Do not refrigerate, freeze</p>						

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	<p>8 months, ... peas unshelled 3 to 5 days in the refrigerator, ... salad greens 1 to 2 days in the refrigerator, ... chicken or turkey, pieces 1 to 2 days in the refrigerator."</p> <p>5. On 3/24/14 at 12:30 with the DM present observed 3 large wet baking pans in the cabinet. Water dripped off the wet pans when the DM picked up the pans. When asked if pans can be stored in that condition the DM indicated, "No, it should be dried in the dish area." The DM was observed to remove the 3 pans and take the pans to the dirty dish area.</p> <p>6. On 3/25/14 at 9:40 a.m., during meal preparation observed cook #1 to have a beard without wearing a beard cover. When asked if his beard should be covered with a hairnet indicated, "I usually have it trimmed up, but I've been sick the last couple days, but I can put one on for you."</p> <p>Review on 3/25/14 at 3:00 p.m., of "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS MANUAL TITLE 410 IAC 7-24" dated November 13, 2004 indicated, "... Sec. (section) 138 (a) Except as provided in subsection (b), food employees shall wear hair restraints,</p>						

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	<p>such as hats, hair coverings or nets, beard restraints, ... that are designed and worn to effectively keep their hair from contacting: (1) exposed food; (2) clean equipment, utensils, and linens; and (3) unwrapped single-service and single-use articles. (b) This section does not apply to food employees, such as counter staff who only serve beverages and wrapped or packaged foods, hostesses, and wait staff, if they present a minimal risk of contaminating: ..."</p> <p>7.a. On 3/24/14 at 10:00 a.m., observed DA #1 (dietary aide) to enter the kitchen with no handwashing. DA #1 reached into a cabinet and got 2 glasses out, walked over to the ice machine, retrieved the ice scoop, and put ice in the 2 glasses. DA then left the kitchen and went into the dining area. DA #1 was observed to enter the kitchen again, walked over to the large trash can, took off the lid, threw trash in the can, put the lid back on, walked over, got a bag of coffee from the cabinet, and made coffee. No hand washing observed. She then picked up 2 full coffee pots and went into the dining area. No hand washing was observed.</p> <p>On 3/24/14 at 12:15 p.m., DA #1</p>						

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	<p>indicated, when asked when should she handwash, "Every time you come into the kitchen, when you touch something." When asked if she had done that indicated, "No I didn't. I get busy, but no excuse."</p> <p>b. On 3/24/14 at 11:55 a.m., observed the Activity Director to enter into the kitchen and no hand washing was observed. She then went to fridge (refrigerator) #5 to get drink pitchers out. No hand washing observed.</p> <p>c. On 3/24/14 at 12:40 p.m., observed DA #1 to enter the dirty dish wash area, load a tray with the dirty bowls, then load the dish machine, walk over and picked up 2 clean trays, walk into the kitchen, and place trays in cabinet. No hand washing observed. When asked what she had just done. " Oh I am getting ready to wash." When asked if she had washed hands before touching the clean trays indicated, "No."</p> <p>On 3/24/14 at 12:30 p.m., the Executive Director provided "HANDWASHING Infection control" dated 01/01/2013, and indicated the policy is the one currently used by the facility. The policy indicated "I. Good hand washing and wearing gloves are</p>						

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	<p>the best barriers to prevent the spread of germs from one resident to another, and to protect staff from germs. II. Staff should always thoroughly wash their hands in the following situations: ... Before handling items in the food preparation and handling area. ... "</p> <p>Review on 3/25/14 at 3:00 p.m., of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IAC 7-24" dated November 13, 2004, indicated, "Hand cleaning and drying procedure ... (a) Food employees shall, except as specified in section 343 (c) of this rule, clean their hands and exposed portions of their arms with a cleaning compound at a hand washing sink that is equipped as specified by vigorously rubbing together the surfaces of their lathered hands and arms for at least twenty (20) seconds in water ... When to wash hands (a) Food employees shall clean their hands and exposed portions of their arms as specified ... immediately before engaging in food preparation. ... and the following... (6) After handling soiled surfaces, equipment, or utensils ... after engaging in other activities that contaminate the hands."</p>						

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	<p>8. On 3/24/14 at 9:40 a.m., there was a metal trash can in the kitchen by the handwashing sink with a foot paddle used to lift the lid up. This can's lid was observed not to lift when was stepped on . Observed the DM to raise lid with her hands and once the trash lid was opened, it did not automatically close back down. Therefore, it was observed to stay open with trash sticking out of the can.</p> <p>On 3/24/14 at 12:45 p.m., observed the small metal trash can not in use and the lid remained open with paper towels hanging out of it.</p> <p>On 3/25/14 at 9:40 a.m., observed the small metal trash can lid open with paper towels still hanging out.</p>						

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R000414	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation and record review, the facility failed to ensure infection control practices were followed related to hand washing as indicated by facility policy when entering and exiting the kitchen and during the passing of meal plates to residents in the dining room. This deficient practice had the potential to affect 40 out of 40 residents who were served plates from the kitchen. (Dietary Aide #1, Activity Director, CNA #1)</p> <p>Findings include:</p> <p>1. On 3/24/14 at 11:50 a.m., observed DA #1 (dietary aide) to enter the kitchen with no handwashing. DA was observed to reach into a cabinet, get 2 glasses out, walk over to the ice machine, retrieved the scoop, and put ice in the 2 glasses. DA #1 left the kitchen and went into the dining area. DA #1 was observed to enter the kitchen again, walked over to the large trash can, took off the lid, threw trash in the can, put the lid back on, walked over and got a bag of coffee from the cabinet,</p>	R000414	<p>It is the intent of this facility that staff will wash hands after each direct resident contact for which handwashing is indicated by accepted professional practice including immediately before engaging in food preparation, after handling soiled surfaces, equipment or utensils and after engaging in other activities that contaminate the hands. Corrective action accomplished for those residents found to have been affected by the deficient practice: No residents were affected. How facility will identify other residents having the potential to be affected by the same deficient practice: Because all residents have the potential to be affected by the alleged deficient practice, on April 7 & 8, 2014, under the direction of the Executive Director all staff including the Dietary Aide, Activity Director and CNA #1 completed inservice training entitled Dietetics in Healthcare Communities to include standard precautions, handwashing, personal hygiene, warewashing, HACCP, receiving and storage of food. Measures or systemic changes to ensure the deficient practice does not recur: To enhance currently compliant</p>		04/14/2014		

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	<p>and made coffee. No hand washing observed. She then picked up 2 full coffee pots and went into the dining area. No hand washing was observed</p> <p>On 3/24/14 at 11:55 a.m., observed the Activity Director to enter into the kitchen. No hand washing was observed. She then went to fridge (refrigerator) #5 to get drink pitchers out. No hand washing observed. The DA entered the kitchen from the dining area and opened the door of Fridge #5 and put the drink pitchers in. No hand washing observed.</p> <p>On 3/24/14 at 12:15 p.m., interview with the Activity Director and DA #1 when asked when should you hand wash indicated, "When you enter the kitchen, when you leave out, anytime you touch anyone." When asked if she had done this "No, I did not." DA #1 indicated, "Every time you come into the kitchen, when you touch something." When asked if she had done that indicated, "No I didn't. I get busy, but no excuse."</p> <p>On 3/24/14 at 12:40 p.m., observed DA #1 to enter the dirty dish wash area, load a tray with the dirty bowls, then load the dish machine, walk over and pick up 2 clean trays, walk into</p>				<p>operations and under the direction of the Executive Director on April 7 & 8, 2014 staff completed inservice training including standard precautions, handwashing, personal hygiene, warewashing, HACCP, receiving and storage of food How facility will monitor performance:Effective April 9, a Quality Assurance program was implemented under the direction of the Executive Director and/or designee to monitor compliance using the Sanitation Survey Form and Storage Checklist two times per week (each meal) for 30 days, weekly x 30 days and monthly thereafter. Deficiencies will be corrected on the spot and the findings of the QA audit will be documented and submitted at the monthly QA Committee Meeting for further review and to ensure continuing compliance</p>		

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	the kitchen, and place the trays in a cabinet. No hand washing observed. When asked what she had just done, "Oh I am getting ready to wash." When asked if she had washed hands before touching the clean trays indicated, "No."						

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R000414	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>2) Observation on 3/24/14 at 12:00 p.m., indicated Dietary Aide (DA) #1 served drinks to residents in the main dining room. She served Resident #7, Resident #8, and Resident #9 drinks from a cart with ice and pitchers of tea and lemonade. DA #1 then served Resident #10, Resident #11, Resident #12, and Resident #13 drinks. She pushed the cart to another table with 3 residents and served them drinks. DA #1 then served three more residents drinks. She was observed not to wash her hands before or after she served the residents or use hand sanitizer.</p> <p>Observation on 3/24/14 at 12:15 p.m., indicated CNA #1 served drinks to Resident #14, Resident #15, and Resident #16. CNA #1 then went into the kitchen and came back out and served three more residents drinks. She went to the sink that was located in the dining room, turned on the water, put soap on her hands, put her hands under the water, and washed her hands for 10 seconds. She then turned the water off with her hands</p>	R000414	<p>It is the intent of this facility that staff will wash hands after each direct resident contact for which handwashing is indicated by accepted professional practice including immediately before engaging in food preparation, after handling soiled surfaces, equipment or utensils and after engaging in other activities that contaminate the hands. Corrective action accomplished for those residents found to have been affected by the deficient practice: No residents were affected. How facility will identify other residents having the potential to be affected by the same deficient practice: Because all residents have the potential to be affected by the alleged deficient practice, on April 7 & 8, 2014, under the direction of the Executive Director all staff including the Dietary Aide, Activity Director and CNA #1 completed inservice training entitled Dietetics in Healthcare Communities to include standard precautions, handwashing, personal hygiene, warewashing, HACCP, receiving and storage of food. Measures or systemic changes to ensure the deficient practice does not recur: To enhance currently compliant</p>		04/14/2014		

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	<p>and then dried her hands with a paper towel.</p> <p>On 3/24/14 at 12:30 p.m., the Administrator provided the "Handwashing: Infection Control", dated 1/1/13, and indicated the policy was the one currently used by the facility. The policy indicated, "1. Good hand washing and wearing gloves are the best barriers to prevent the spread of germs from one resident to another, and to protect staff from germs. II. Staff should always thoroughly wash their hands in the following situations:...Before handling items in the food preparation and handling area...IV...If the paper towel dispenser has a crank or pull down button, you should dispense some towel prior to handwashing so that you don't re-contaminate your hand on the button or crank. Completely wash your hands. Apply soap. Work up a good lather. Spread it over the entire area of your hands and wrists. Get soap under your nails and between your fingers. Use "friction" as you work the soap onto your hands. Clean for at least 10 seconds (using "friction")--Rub vigorously. Rub one hand against the other hand. Rub between your fingers by interlacing them. Rub up and down</p>		<p>operations and under the direction of the Executive Director on April 7 & 8, 2014 staff completed inservice training including standard precautions, handwashing, personal hygiene, warewashing, HACCP, receiving and storage of food How facility will monitor performance:Effective April 9, a Quality Assurance program was implemented under the direction of the Executive Director and/or designee to monitor compliance using the Sanitation Survey Form and Storage Checklist two times per week (each meal) for 30 days, weekly x 30 days and monthly thereafter. Deficiencies will be corrected on the spot and the findings of the QA audit will be documented and submitted at the monthly QA Committee Meeting for further review and to ensure continuing compliance</p>				

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	<p>to reach all skin surfaces on your hands and in-between your fingers...Turn off the faucet with the paper towels. Never touch the faucet with your hands after washing, as the faucet is considered dirty...V. Staff members who provide personal care must also carry an antiseptic hand sanitizer with them...it should be readily available for staff to use in situations where hand washing facilities or supplies are not immediately available..."</p> <p>Review on 3/25/14 at 11:25 a.m., of the " Retail Food Establishment Sanitation Requirement Manual 410 IAC 7-24" indicated ..."Hand cleaning and drying procedure...(a) Food employees shall, except as specified in section 343 (c) of this rule, clean their hands and exposed portions of their arms with a cleaning compound at a hand washing sink that is equipped as specified...by vigorously rubbing together the surfaces of their lathered hands and arms for at least twenty (20) seconds in water...When to wash hands: (a) Food employees shall clean their hands and exposed portions of their arms as specified...immediately before engaging in food preparation...and the following...(6) After handling soiled surfaces, equipment, or</p>						

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	utensils...after engaging in other activities that contaminate the hands."						